IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
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KIM REYNOLDS
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RODNEY A. ROBERTS, DIRECTOR

Complaint/Incident Intake #: 57436--C
57955-C

March 7, 2016

Ms. Beth Fleming, Interim Administrator
Bickford Cottage Muscatine
2807 Cedar Street
Muscatine, IA 52761

RE: Final Complaint/Incident Investigation Report – Bickford Cottage Muscatine, Muscatine, IA

Dear Ms. Fleming:

Enclosed is the **Final Complaint/Incident Investigation Report** from the on-site monitoring visit of March 1, 2016, completed by the Department of Inspections and Appeals ("DIA") in accordance with Iowa Code chapter 231C and Iowa Administrative Code ("IAC") chapters 481—67 and 481—69. The following complaint allegations were investigated:

1. Allegation: Staffing
   Comments: Based on interviews and record reviews Program staff were sufficiently trained to meet tenant medical and health care needs. Training had been provided for specific tenant health and personal care needs. Staff and tenant interviews revealed there was sufficient trained staff to meet the needs of the tenants in both memory care and general assisted living programs.
   Finding: unsubstantiated

2. Allegation: Level of Care
   Comments: Based on interviews and record reviews the Program assessed and monitored tenants' changes of conditions and increased care needs. Observations and staff interviews revealed tenants were moved into memory care according to their needs, and no tenants exceeded level of care for an assisted living program.

3. Allegation: Service Plans
   Comments: Based on interviews and record reviews a concern in the area of service plans could not be substantiated. The Program staff identified tenants' changes in condition, assessed them and made adjustments to service plans to address tenant needs.
   Finding: unsubstantiated

No Regulatory Insufficiencies were identified.

If you have any questions regarding the enclosed Report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0009	A. BUILDING: _____ B. WING _____	C 03/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD COTTAGE MUSCATINE	2807 CEDAR ST MUSCATINE, IA 52761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	481-67 Initial Comments Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 33 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 40 Dementia-Specific Program by Dedication Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 7 TOTAL census of Assisted Living Program: 47 No regulatory insufficiencies were cited during the investigation of Complaints #57436-C and 57955-C.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE